



King County

Employee Giving Program

Giving Works!

Reimbursement Procedure

1. Volunteer Coordinators may access up to \$0.33 per employee for incentive items during the campaign.
2. Complete an ARMS Reimbursement Form and submit with the original receipt to:

Mary Dzieweczynski
Employee Giving Program Administrator
EXC-ES-720
821 Second Ave
Seattle, WA 98104
3. Use the following information:
Fund/Org 000006941
Account # 06235 (Administrative Cost)
4. Reimbursement requests must include the original receipt. Check copies or credit card statements will not be accepted.
5. Reimbursements cannot exceed \$100. If you need to spend more than \$100, separate your purchases.
6. All reimbursement requests must be submitted by December 8, 2006.

Employee Travel and Expense Claim Voucher



Department of Executive Services
Finance and Business Operations Division
Financial Management Services
MS EXC-ES-0877 ARMS / MS EXC-ES-0875 IBIS

Check one

☐ Employee / ☐ Non-Employee Name _____ Mail Stop _____

Division / Agency _____ Tel. No. _____

Address _____ City _____ ZIP _____ S.S. No. _____

☐ Travel Claim ☐ Misc. Expense Claim

Board / Other Capacity _____

Please complete appropriate Coding Block (for on-line users please use Times Roman, size 12 pt.). If splitting costs between systems, please use separate forms.

ARMS CODING BLOCK

Vendor Number	LINE	Description	ORG Unit	Account	Task	Option	Project or Work Auth.	\$ Amount
	1							
	2							
	3							
	4							
Total								

IBIS ACCOUNTING FLEXFIELD

Fund	Cost Center	Account	Project	Phase	Sub-Project	Grant	Bond Acct	\$ Amount

ITEMIZATION

Date	Time	Trip Route or Location of Work	Cost of Lodging	Breakfast	Lunch	Dinner	Personal Car		Parking Cost	\$ Amount
	Depart						Miles	Cost		
	Arrive									
	Depart									
	Arrive									
	Depart									
	Arrive									
	Depart									
	Arrive									
	Depart									
	Arrive									

Other Reimbursable Expenses

Date	Nature and Explanation

Claimant Certification – I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me on behalf of King County. I have not previously requested or received payment for this claim.

Signature _____ Date _____

Total Claim

Less Advance

Certification for Payment – I hereby certify under penalty of perjury that this claim is a just, due and unpaid obligation against King County and I am authorized to certify said claim.

Signature _____ Date _____

Due to Employee

Due to King County

All claims for in-state overnight or out-of-state travel must include a copy of the original completed King County Pre-Authorization Voucher.

Employee Travel and Expense Claim Voucher



Financial Management Services

MS EXC-ES-0877 ARMS / MS EXC-ES-0875 IBIS

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